| 3  |               |                                 |              |                  |       | Application or Docket Number |                        |             |                     |                        |  |
|--|---------------|---------------------------------|--------------|------------------|-------|------------------------------|------------------------|-------------|---------------------|------------------------|--|
| PATERT APPLICATION FEE DETERMINATION RECORD  |               |                                 |              |                  |       |                              |                        |             |                     |                        |  |
| Effective October 1, 2000  |               |                                 |              |                  |       | 097555                       |                        |             |                     |                        |  |
| CLAIMS AS FILED - PART I   |               |                                 |              |                  |       | SMALL ENTITY OTHER TH        |                        |             |                     |                        |  |
| (Column 1) (Column 2)  |               |                                 |              |                  |       | : C                          |                        | OR          | SMALL I             | MILL                   |  |
| TOTAL CLAIMS   | 24            |                                 |              |                  | RA    | TE                           | FEE                    |             | RATE                | FEE                    |  |
| FOR  | MARKER FLED   |                                 | MULBER EXTRA |                  | 242   | BASIC FEE 355.00             |                        | OR.         | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  | 24 minus 20.  |                                 | • 4          |                  | ×     | XI -                         |                        | ŒΑ.         | X\$18-              | 78,00                  |  |
|  | S minus 3 ⇒   |                                 | 0            |                  | ×     | X40a .                       |                        | OR          | ·XX50=              |                        |  |
| MULTIPLE DEPONDENT CLAIM PRESENT   |               |                                 |              |                  | +1    | <b>15</b> -                  |                        | OR.         | +270=               |                        |  |
| * If the difference in column 1 is less than zero, enter "O" in column 2   |               |                                 |              |                  |       | TAL                          |                        | OR.         | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  |               |                                 |              |                  |       |                              | ENTITY                 | OR          | OTHER               |                        |  |
| (Column 1)   |               |                                 |              | (Column 3)       |       |                              | ADOL                   |             |                     | ADD)-                  |  |
| ≪ RELUMNG  |               | MANASER<br>PREVIOUS<br>PAID POR |              | PRESENT<br>EXTRA | RATE  |                              | TIONAL                 |             | RATE                | TIONAL                 |  |
| AFTER AMERICAGENT  Total - 24  Independent - 3 -   | Minus         |                                 | 4            | - Ø.             | ×     | <u>-</u>                     |                        | <b>OF</b> 1 | X318-               |                        |  |
| Independent • 3  | Minus •       |                                 | 3            | - Ø              | X     | <u>٠</u>                     |                        | OR          | X80=                |                        |  |
| FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM   |               |                                 |              |                  |       | )5-                          | ·                      | OR          | +270-               |                        |  |
| ·  |               |                                 |              |                  |       | OM                           |                        | ~           | TOTAL               |                        |  |
| 4/27/0( (Column 1)   |               |                                 |              |                  | ADDIT | FEE                          |                        | Jun         | ADDIT. PEE          |                        |  |
| CAUS   | _             |                                 | 371          | (Column 3)       |       |                              | ADDI-                  | 1           |                     | ADDI                   |  |
| TREMANDING AFTER   |               | MULE                            |              | PRESENT          | RA    | TE                           | TIONAL                 |             | RATE                | TIONAL                 |  |
| REMARCHS AFTER AMERICALITY  Total  Total   | Mous          | ***                             | FOR          |                  | ╟     | _                            | FEE                    |             | X318-               | FEE                    |  |
| Independent •  | Minus -       | *                               | 4            |                  | X     | _                            |                        | OR          |                     |                        |  |
| PRIST PRESENTATION OF M  | ULTIPLE DEPEN | DEAL                            | CLAIM        |                  | ×     | <del></del>                  | <b>-</b>               | OR          | X80=                |                        |  |
|  | ~ 1. /ac      |                                 |              |                  |       | S-<br>UAL                    |                        | OR          | +270=               |                        |  |
| 1011/1   | 8/16/06       |                                 |              |                  |       |                              |                        | OR          | TOTAL<br>ADDIT, PEE |                        |  |
| 09-16-16 Greature 1)   | · 0           | Colur                           | nn 2)        | (Column 5)       |       |                              |                        |             |                     |                        |  |
| CLAIMS REMAINING AFTER AMERICAGENT   |               | HIGH<br>MLAN<br>REVIC<br>PAID   | NEST Y       | PRESENT<br>EXTRA | RA    | TE                           | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total - 874  | Mires -       | 2                               | 4            | -0               | xs    | <del>9-</del>                | 7 4545                 | OR          | X318=               | 7.55                   |  |
| 3   moderney   | Minus •       |                                 | 3            | A                | XA    | <u>-</u>                     |                        | OR.         | X90-                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |               |                                 |              |                  |       |                              |                        |             | +270=               |                        |  |
| ' If the entry in column 1 is toos than the entry in column 2, entite 'V' in column 3.   |               |                                 |              |                  |       | S-DEAL                       |                        | RO          | 1074                |                        |  |
| " If the Teglest Number Previously Paid For Dt THES SPACE is have then 20, enter 70." "If the Teglest Number Previously Paid For Dt THES SPACE is less than 3, enter 7." |               |                                 |              |                  |       | FEE                          |                        | OR          | ADDIT. FEE          |                        |  |
| The Taglant Hunder Producely Paid Por" (Total or independent) is the highest careful found in the appropriate tox in column 1.   |               |                                 |              |                  |       |                              |                        |             |                     |                        |  |
| PORM PTO 418   |               |                                 |              |                  | -     |                              |                        | - 00        | WITH DIT C          |                        |  |